

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 09/551,159  
APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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30						
31	1		1			
32		1		1		
33		1		1		
34		1		1		
35	1		1			
36		1		1		
37		1		1		
38		1		1		
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47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	6		6			
TOTAL CLAIMS	8		8			

  

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						